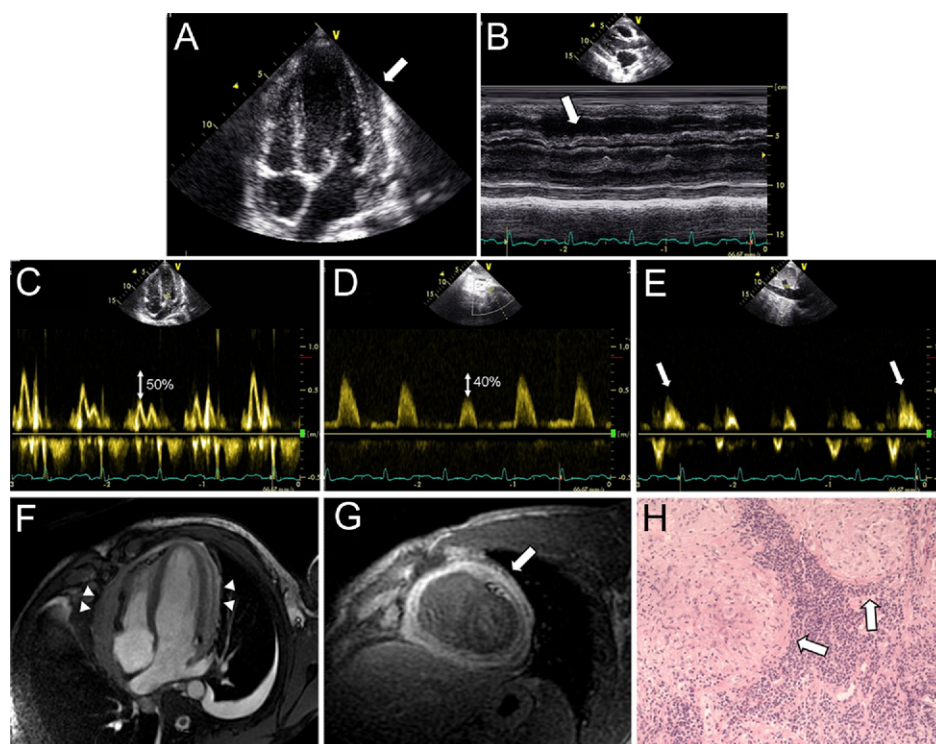


IMAGES IN CARDIOLOGY

Subacute Tuberculous Constrictive Pericarditis

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A 22-year-old man was admitted to the hospital with progressively worsening exertional dyspnea, thoracic pain, and low-grade evening fever. Transthoracic echocardiography revealed a thick fibrinous exudate in the pericardial sac (A) associated with diminished movements of the heart surface and septal bouncing (B, Online Videos 1 and 2). An exaggerated inspiratory expansion of the right ventricle and simultaneous compression of the left ventricle were noticed (Online Video 3). Doppler echocardiography reported large respiratory variations in ventricular filling and aortic flow (C, D). Also, increased suprahepatic vein flow reversal with expiration was detected (E). Cardiac magnetic resonance was performed and showed generalized pericardial thickening involving both parietal and visceral pericardium, with maximal thickness of 20 mm (F). Contrast-enhanced imaging showed prominent delayed hyperenhancement at the pericardium (G). The patient had strongly positive tuberculin test results, and a biopsy of a mediastinal adenopathy was performed. Histopathologic examination showed severe inflammation with granulomas, consistent with tuberculosis (H).